

Week Date: 10/4/04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input checked="" type="checkbox"/> IDS	8/23/04	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> DRW (REM)	2/1/07	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Attn Chief Draftsperson:
 ① Please provide formal copy of figure 1. (contains handwritten corrections).
 ② Please initial/line through citations.
 Thank you!

INITIALS:

REV 10/04